FHL:

Who	For	FGS	Pedig
John Roberts Orson "A" Roberts * 1896? oo Ottilie Adella Bollschweiler * 1897	Shoe Maker	✓ ✓	✓ O
F = John Roberts * 1874?	Boot Shoe Maker		
	Postman		

Ref: Leslie Olson

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R. R. Green
45 South Main
Heber City, Utah 84032

Contract -- TYPE "V01"

EFFECTIVE DATE shall mean the date on which this contract becomes effective as established by the Bureau and entered on the identification card issued to the subscriber.

DUES means the amount charged as consideration for this contract.

REMITTING AGENT shall mean any individual, firm, association, or corporation which has agreed to collect the dues payable under this contract and to pay the same to the Bureau or its designated agent. The remitting agent shall not be nor be construed to be the agent of this Bureau and payment to the remitting agent is not payment to the Bureau.

PARTICIPATING PHYSICIAN shall mean any doctor of medicine (M.D.) who by virtue of his stock membership in the Bureau has agreed to render the services and benefits included in this contract.

HOSPITAL CONFINEMENT shall mean one continuous hospital stay or a series of hospital stays where the date of discharge and date of re-admission are separated by less than three months.

SURGICAL SERVICES shall mean necessary cutting and operative procedures used in the treatment of disease or injuries, fractures or dislocations, by a participating physician hereunder, except as set forth under Article IV.

ANESTHESIA SERVICES shall mean the services rendered hereunder by a participating physician, other than the operating surgeon or a salaried hospital employee, in administering anesthetic.

MEDICAL SERVICES, except as otherwise modified hereinafter, shall mean the services of a participating physician in treating an illness other than surgical or obstetrical, except as set forth under Article IV.

DIAGNOSTIC X-RAY EXAMINATIONS shall mean the services of a participating physician not an employee of a hospital, who is qualified in the field of radiology, in the performance of radiographic examinations and analysis.

OBSTETRICAL CARE shall mean the necessary services of a doctor of medicine in managing pregnancy and labor.

CONTRACT YEAR shall mean the twelve month period between the effective date of this contract and the first anniversary thereof and thereafter each successive twelve month period during which this contract is in continuous force and effect shall be one contract year.

ARTICLE III

Services and Benefits

The following services and benefits shall be available to the member, as defined herein, when rendered by a participating physician of the Medical Service Bureau:

1. (a) Surgical Services, i.e., necessary cutting and operative procedures used in the treatment of disease or injuries, fractures or dislocations except as set forth under Article IV hereafter.

(b) Anesthesia services rendered by a participating physician, not the operating surgeon or a salaried employee of the hospital, in connection with Surgical Services or Obstetrical Care as covered under this Article.

(c) Medical Services, i.e., any and all services rendered by the participating physician in charge of the case in the treatment of a previously diagnosed non-surgical non-obstetrical illness of the member only while said member is admitted as a registered bed patient in a hospital recognized by the medical profession, but limited to not more than 70 days of such service during any one hospital confinement.

(d) Medical Services, i.e., any and all services rendered by the participating physician in charge of the case in the treatment of pulmonary tuberculosis, mental or nervous disorders of the member for twenty-one (21) days only for each hospital confinement and only in those licensed general hospitals which have facilities for serving patients with such illnesses and which regularly admit them for care.

2. (a) Diagnostic X-ray Examinations performed in connection with Surgical Services or Obstetrical Care as covered under this Article when performed by a participating physician not an employee of the hospital. The maximum liability of the Bureau for such benefits received hereunder during any one contract year shall not exceed $15.00.

(b) Obstetrical Care is available only to the subscriber or spouse if and only if: (1) both husband and wife have been members under the same two-party or family contract; (2) conception occurred on or after the effective date of said two-party or family contract; and, (3) at the time that obstetrical care is received, the subscriber and spouse have been continuously enrolled since conception under this or any other Blue Shield contract which provides obstetrical care. The maximum liability of the Bureau for such benefits provided hereunder except in cases of Caesarean Section during any one contract year shall not exceed $50.00 for single births and an additional $25.00 for each multiple birth.

The provisions of this Contract limiting the right of a participating physician to make an additional charge to the patient as set forth in Article V hereafter shall not apply to benefits provided for in Section 2 of Article III of this Contract nor to any additional benefits which might be hereafter provided by separate endorsement and added to said Section. When any such benefits are received under this Contract or any endorsements thereto, the participating physician may make an additional charge to the patient over and above the payment made by the Bureau for such benefits.

ARTICLE IV

General Limitations

The terms "services" and "benefits" as used herein shall not include any services or benefits not embraced within the definitions contained in Articles I, II and III nor without limiting the generality of the foregoing, any of the following:

A. Hospital, dental or nursing services.

B. Medicine, drugs, radium, appliances, blood transfusions, materials, or supplies.

C. Plastic surgery performed for cosmetic purposes, unless performed to correct functional disorders or to repair damage resulting from accident occurring after the effective date of this contract.

D. X-ray therapy, or visualization of any of the hollow organs of the body.

E. Any procedure accomplished by use of cannulas or needles.

F. Services and benefits for which indemnities are recoverable under any Workman's Compensation or Occupational Disease Law, or which are available without cost to the member under laws enacted by any municipality, the Legislature of any State or the Congress the United States.

G. Treatment of disease or injury of teeth, gums, or service normally rendered by dentists is not included as a service or benefit hereunder.

H. Medical services shall not include pre- or post-operative care, the treatment of any condition arising out of pregnancy, or consultations.

I. Conditions caused by or arising out of war, insurrection, rebellion, armed invasion or aggression.

J. Conditions which exist at the effective date of the Contract of the member requiring services or benefits hereunder until after such person shall have been continuously enrolled for a period of eleven months immediately preceding the date on which services or benefits are rendered.

K. Tonsillectomies and adenoidectomies until the member requiring services or benefits shall have been continuously enrolled hereunder or under a prior Contract issued by this Bureau which this Contract replaces for a period of eleven months immediately preceding the date on which services or benefits are rendered.

ARTICLE V

Income Limitation

Participating physicians of the Medical Service Bureau rendering those services as provided in Section 1 of Article III of this contract shall render such services for the fee as established by the Bureau based on the fee schedule approved by the Bureau and no additional charge shall be made by the physician to the patient for such services when the unmarried subscriber has an annual gross income at the time service is rendered of $5,500.00 or less, or in the case of a married subscriber whose annual gross income together with the income of his family dependents is $7,200.00 or less, except in cases where other insurance benefits are payable to the member as the result of the illness for which the claim for service hereunder has been made. If the income is greater than the amount indicated, or if proceeds of other insurance coverage for the same condition treated hereunder are payable to the member, the participating physician may make an additional charge to the patient.

ARTICLE VI

Selection of Participating Physicians

The member shall be free to select from among the participating physicians and to discharge a physician. Nothing contained in this contract shall interfere with the ordinary relationship that exists in the community between the physician and his patient.

The physician shall be free either to decline or provide care to a member in accordance with the custom and practice now prevailing in the private practice of medicine.

The Bureau does not undertake to supply a physician for the member.

ARTICLE VII

Service by Non-Participating Physicians

In cases where services or benefits as defined herein are rendered in the treatment of injury resulting from accident or in cases of sudden acute onset of a surgical or medical condition and the services of a participating physician are not readily available, the Bureau agrees to pay for such services by a non-participating physician who is a doctor of medicine, licensed and practicing within the state of Utah, 75 per cent of the amount which a participating physician would be paid by the Bureau for rendering the same service. Such payment shall fully discharge the Bureau of all its obligations hereunder on account of such service.

For any and all services and benefits provided in this contract which are rendered by a non-participating physician who is a doctor of medicine licensed and practicing outside of the State of Utah, the Bureau will pay the same fee as would be paid to a participating physician rendering the same services or benefits. Such payment shall fully discharge the Bureau of all its obligations hereunder.

If reciprocal agreements are entered into between the Bureau and similar organizations in other states, payment to doctors of medicine as participants in the programs of such organizations in other states shall be made in accordance with the terms of such reciprocal agreements.